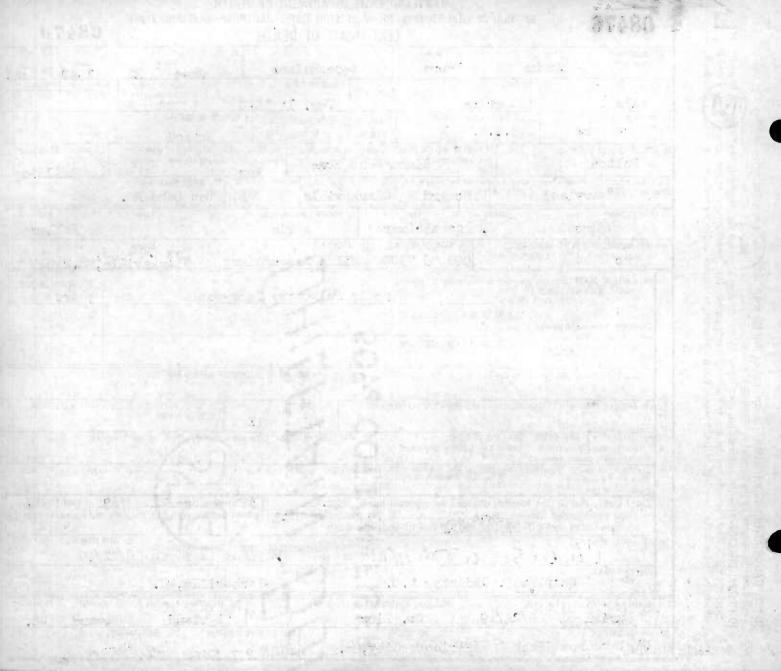
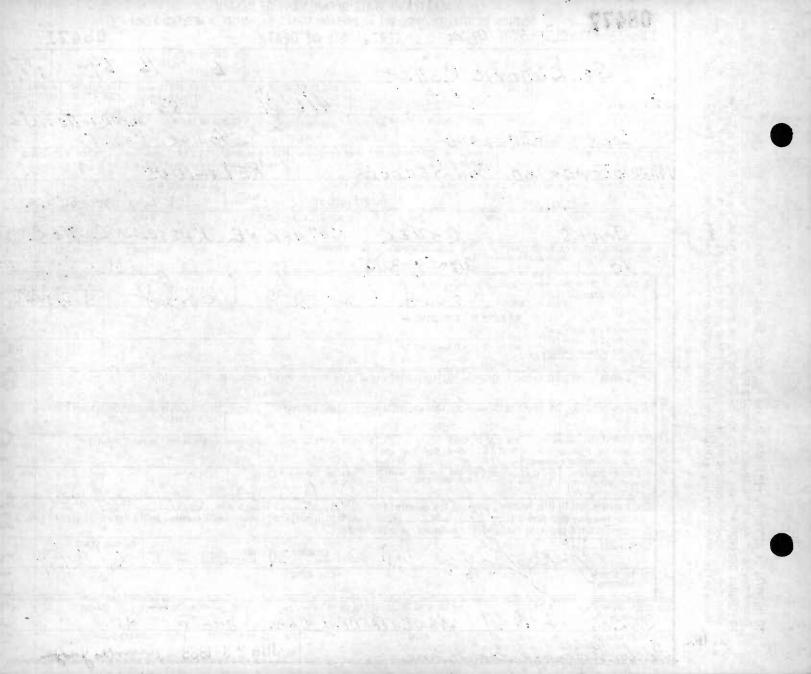
executed within 24 hours after

that the death certificate be

MAKILAND STATE DEPAKTMENT OF HEALTH

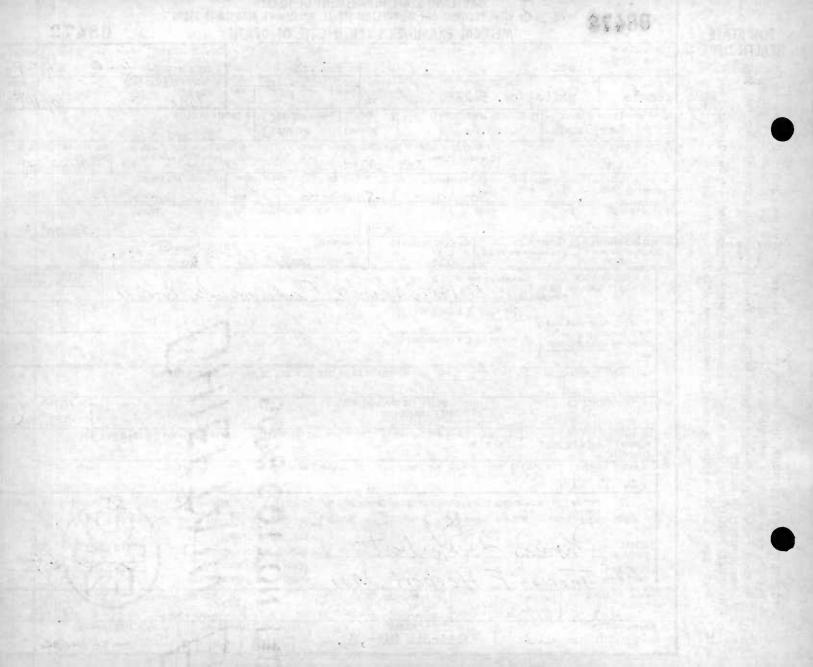


1	08477 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item13 FilmG413 6/25/69 kk CERTIFICATE OF DEATH 08471	
	DECEASED-NAME (Type or print) SR. LUDOVIC COTTER Middle Lost 20. DATE OF DEATH Month/6 Day 69Year 2b. HOUR	M
3. 5	Ternale white 4/6/84 loss hirthday) YRS. MONTHS DAYS HOURS MIN.	-
cou	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MARRIED 10115 VILLE WIDOWED DIVORCED HOWARD COUNTY M	d.
SM	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during post of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during post of working life, even if retired.) 121. KIND OF BUSINESS OR INDUSTRY	
7 odr	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before nission) STATE D.C. 13b. COUNTY Washington 13c. CITY OR TOWN Washington 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS?	_
PL	FATHER'S NAME FIRST Middle Lost IS. MOTHER'S MAIDEN NAME FIRST Middle Lost CATHERINE RUSSELL COTTER	
	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, grunknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address APPROXIMATE INTERVAL	=
	18. CAUSE OF DEATH (Enter only one cause per line (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3 D/YY 4 D/YY 5 D/YY 6 D/YY 7 D/YY 7 D/YY 7 D/YY 8 D/YY 8 D/YY 8 D/YY 9 D/YY 1 DEATH WAS CAUSED BY: 1 DEATH WAS	_
	Canditions, if any, which gave rise to immediate couse (a), (b)	
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
MEDICAL CE	or contributing cause of Death HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M.	
2	While Not while of work of work	
	220. 1 certify that (1) (this hospital) attended the deceased fram 19 , 19 6, to 3, 19 7, that (1) (we) lo saw the deceased alive on 19 , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death.	st e
,	220-SIGNATURE ATTENDING MED. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR	
	22d. PHYSICIAN'S NAME (Type) 22e. ADDRIESS	
230	o. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of them) (County) (Stote) REMOVAL (Specify) 6-19-69 NEW CATTEDRAL CEM. BALTO. M.D.	=
	EUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	



FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08472
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Day Yeor 2b. HOUR
	(Type or Print) Bessie C. Gerlach DEATH MATED (Section 1)	-9 169 3 P.M
d 3 to Poge ent of	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PROMOJIMEED DEAD	2d. HOUR
ny deloy 2, and 3 PM3. Pog partment	female white Nov. 5 1880 88 YRS. MONTHS OAYS HOURS MIN Month Day	Year 19 69 1030 N
1	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	11071101 11
	(country) Maryland U.S.A. WIDOWED DIVORCED Howard	M
oge oge th fa	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark done	12b. KIND OF BUSINESS OR
wire de	Highland give street address ink Hollow Rd during mast of warking life, even if retired.)	housework
fter Giv ong ong	13g HSIBL RESIDENCE (Where deceased lived if institution: Pesidence before) 37 CITY OR TOWN 13d MSIDE CITY LIMITS? 13e STREET AND NUMBER	210000110121
s ofter 18. Give e olong 2 with death.	odmission) STATE Md. 13% COUNTY Hongtomery Takoma Park YES NO 2 6522 Second A	lve
hours ofter death. Item 18. Give Pages 1, Office along with form 1 and 2 with the State Death.	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
	Charles H. Gerlack	Casteel
	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 6522 Second Ave.	
within pencil kamine kamine pog	no none Brent Daniel Takona Park	I I C
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nould be executed ward "pending" in the Chief Medical Erial-transit permit. From ony event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arlerio Polentie Cardio vas cula d'seuse	
exe end Me t pe	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave rise to immediate couse (a), (b)	
should e ward o the Cl ourial-tr	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
C, s e o g =	last. (c)	
icote ded 1 ded 1 os o	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	N. S. M.
This certificate, writing the forwor be used removal	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, In	20. AUTOPSY?
This cicote, be for the u	WAS PERFORMED?	YES NO
# 700		em 18.)
INER: The certific should be files.	E CAUSE OF DEATH P.M. 19	
ICAL EXAMINER: execute the certifor. Page 4 should ed for your files. CTOR: Page 3 shou buriol, cremotion,		County State
XAI Inte I Inte I You You Cre	WHILE NOT WHILE TOTAL TOTAL AT WORK AT WORK AT WORK	
please execute director. Page estoined for you DIRECTOR: Page or to buriol, cre	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection Inquiry	and in my opiniar
bour bour	death resulted fram: Natural causes 🔯 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
ITY DIC, please eral director be retoined RAL DIRECT	CHIEF MEDICAL EXAMINER	
TY, ple real di di prior	SIGNATURE THOMAS CHOICE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE	SIGNED
SSG UNE NER NER	EXAMINER'S DEPUTY MEDICAL EXAMINER &	-10-67
ro DEPUTY BICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem	NAME (Type) Thomas F. Herbert, M.D. ADDRESS(Street, city, tawn, ar county)	
5 = 2 5 E	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
0.0	burial 6/12/69 Frostburg Frostburg	Md .
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10M REV. 1/88	Miginbothom Slack Milicott City, Md. DANIM 1 3 1969 /Chang	Pan Judgela .

MAKTLAND STATE DEPAKTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	08479 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08473
HEALTH DEPT.		Doy Yeor 2b. HOUR
is af age	(Type or Print) OF ESTI-	19 M
5m2	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 14 HRS 2C. DATE PRONOUNCED DEAD	2d. HOUR
de lo	2 1.3 lost birthday) MONTHS DAYS HOURS MIN. Month Doy	Your
200	Male White 5 1 2 4 YRS. June 22 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	693:55%
farm, farm	Country) N. H. USA WIDOWED DIVORCED HOWARD	Md
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTRUCTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
The the de	Ellicott City Farm of Howell Burnopp. // // // // // Parm of Howell Burnopp.	INDUSTRY To
0 % S 3 9 1	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 17b. COUNTY Arrande 1 Millersyille YES NO Pt 2 Port 17b.	
hin 24 hours ncil in Item 1 niner's Office pages 1 and 2 haurs after of	14 FATURDIC MARKE FOR HILLIAN AND AND AND AND AND AND AND AND AND A	Tumble Inn
		ailor Park
hin 24 ncil in lainer's pages la haurs c	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1665 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PARTIES ADDRESS PARTIES AND ADDRES	
	(Yes no or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT PADDRESS BOX 001-22-9295 Bichand E. HAKRINGTON MILLERSUI	174
d wit in pe Exan File n 72		APPROXIMATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN DNSET AND DEATH
xec Idin Aed Aed t w	9530 IMMEDIATE (AUSE (0) Carbon monoxide intoxication DUE TO, OR AS A CONSEQUENCE OF	
e e e e f l e e l l	Conditions, if ony, which gove	
suld by and ' ne Chi al-trar	rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
shauld be one ward "pe one ward "pe on the Chief burial-transit I in any even	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sa bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
certificate writing the revorded to seed as a language.	50 - 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10	
his certific ate, writin e farward be used a	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month. Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 the	20. AUTOPSY?
This cate, be us	WAS PERFORMED?	YES NO XX
在 5 3 4 1		
INER: Te certific should be files. 3 should notion, or	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 6 ? 19 69 Subject found sitting in his	
	The react of libori (Al holie, folli, silee), [211. LOCATION Silee] of K.L.D. NO. (If you town	Howard Md.
XAM yaur yaur Page crem	WHILE NOT WHILE AT WORK AT WORK Car Farm of Howell Burnopp, Rt. 175	
L EXA ecute Page or you R: Pag	220. I certify that I took charge of the remains described above, held an Autapsy , Inspection XX Inquiry	and in my opinian
CAL E: executar. Paged for CTOR: Purial,	death resulted fram: Natural couses Accident, Suicide XX, Homicide Undetermined monner [and in thy opinion
please e I director retained DIRECT	CHIEF MEDICAL EXAMINER	
Yy, ple eral dii be reto RAL Di prior	ACTUAL MVV MV) ACTUAL MVV MV ACTUAL MVV MVV MV MVV MVV MVV MV MVV MV MV MV	IGNED
DITY,	SIGNATURE TO THE STATE OF THE S	23, 1969
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health prior to burial, cren	EXAMINER'S NAME (Type) Werner U. Spitz. M.D. ADDRESS(Street, city, town, or county)	-5, 1,0,
ro DEPUT necessary the funer 5 may be ro FUNER Health p	werner U. Spitz, M.D.	(County) (Stote)
	CREMATION 6-25-68 LEE CREMATORY WAShington	v 17d.
	24. FUNGRAL DIRECTOR ADDRESS 250. REGO BY REGISTRAR 25b. REGISTRAR 5.5	GIGNATURE
VR A15ME (5) 10M REV. 1/68	Higirbotham a Slack Ellicottota WW 27 1969 Volume	o Justice
10/4/ KEV. 1700	Chical Charles and a	

LERIE ROVER RESOLUTION CONTRACTOR DE DESCRIPTOR CONTRACTOR RESOLUTION CONTRACTOR DE LA SECULIA DE LA PROBLEM OF THE STREET, AND THE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08474 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First 2a. DATE KNOWN Year 2b. HOUR delay i. ind 3 to Page (Type or Print) OF ESTIaf. HAROLD E. DEATH MATERIX 19 LIPPINCOTT Department 3. SEX 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH last birthday) 56 YRS. PM3 Month Year male 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED alang with farm Give Pages 1, WIDOWED Howard the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give Reet oddress) 32 during most of working life, even if retired.) INDUSTRY West Friendship 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? land 2 with death. 13e. STREET AND NUMBER 13b. COUNTY Howard odmission) STATE Mary Land W. Friendship YES NO X Rte. 32 Office in/Item] after 14. FATHER'S NAME Middle First IS. MOTHER'S MAIDEN NAME UNKNOWN the Chief Medical Examiner's pages haurs 16g. WAS DECEASED EVER IN U 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes no ar unknawn) 216-01-95-16 MARION LI File be executed .⊆ event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY: Mesenteric Venous Thrombosis with Gangrene IMMEDIATE CAUSE (a). burial-transit Conditions, if any, which gave rise to immediate cause (a), any i pluods writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= be farwarded to pup certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, CERTIFICATION used 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, pe YES X NO 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) shauld should MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, affice building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy 🗓 Inspection Inquiry and in my opinian the funeral directar. death resulted fram: Natural causes K Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be 6/10/69 DEPUTY MEDICAL EXAMINER Russell S. Fisher, M.D. **EXAMINER'S** 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, tawn, ar caunty) 23g. BURIAL CREMATION 23d. LOCATION (City or Town) (County) FUNERAL DIRECTOR 25B. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

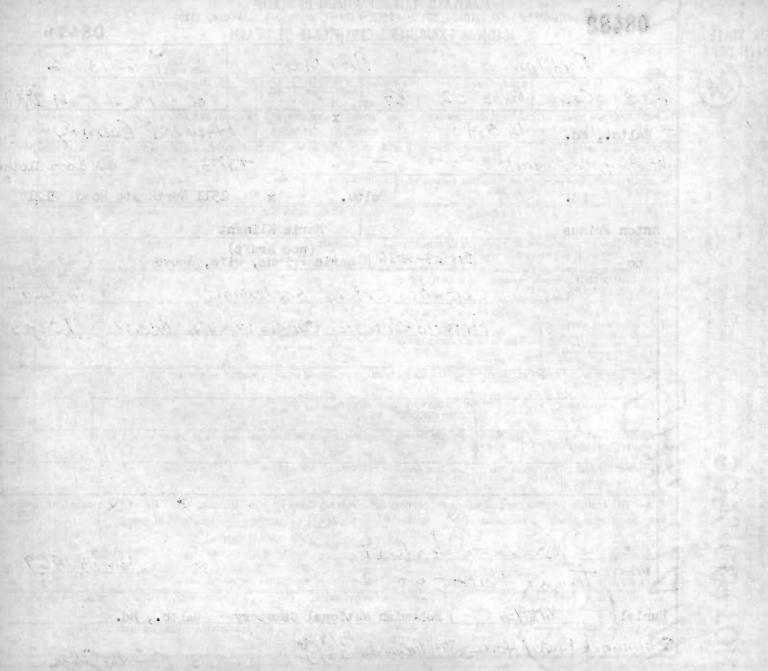
MARYLAND STATE DEPARTMENT OF HEALTH

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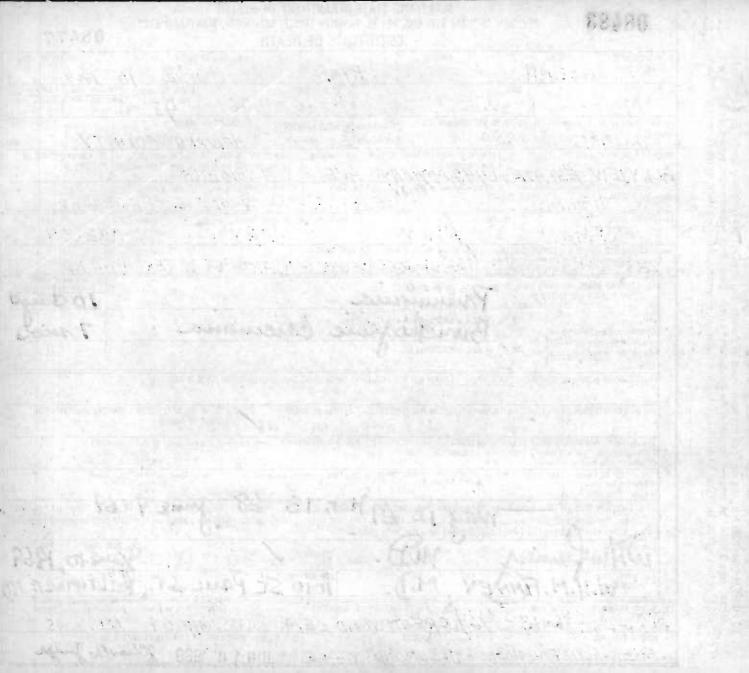
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	1	10.	00704	DIVISION	OF VITAL RECORDS	, 301 W. PRI	ESTON STREET, BALT	IMORE, MARY	LAND 2120	1	
7			08481			CERTIFICA	TE OF DEATH			0847	75
	4 24			First	Middle		Lost	2o. DATE OF D	EATH		2b. HOUR
	eral and leat	(Type or print)	liam	Jerome	Me	Danald	JUNE	Month 5	Day 1968 69	6:40 M
	fun 1	3. SI	X .	4. RACE	TORUM.	Is	. DATE OF BIRTH		. AGE (In years		IF UNOER 24 HRS.
	the days		White Mi	ale L	white		Nov. 22 1	889	3. AGE (In years last birthday)	RS. MONTHS DAYS	HOURS MIN.
•	4 haurs after death. In by the funeral of s. Agains ofter death.	7a. cou	BIRTHPLACE (State or fareign intry)	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF D	EATH		Md.
	within 24 ely filled bon paper within 72		CITY OR TOWN OF DEATH		1. NAME OF HOSPITAL OR II ive street oddress)	ISTITUTION (If not		AL OCCUPATION (I			
	and campletely filled remave carbon paper on any event, within 7	13o. odm	USUAL RESIDENCE (Where de issian) STATE	ceased lived, if inst 13b. COUNT	titutian: Residence before	1 1.			ET AND NUMBER		
	and ca	14.	FATHER'S NAME First	Middle -	e ///C//	-	MOTHER'S MAIDEN NAME	First	Middle	7	Lost Leloeth y
	physician en please aval, and		WAS DECEASED EVER IN U.S. (es, no, or onknown) (If yes	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY		ORMANT PES Hilds	Mc Dona	Addres S		· WAL
	law requires that the death certificate be executed within 24 hours after death nating physician. been signed by the attending physician and campletely filled in by the funeral state burial-transit permit. Then before remove carbon papers. Pages 1 and 2 increase to burial, crematian, or removal, and in any event, within 72 bayes after death		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	HISED RY-).)	IS THE	···	ia o		ATE INTERVAL SET AND GEATH
	attence permit an, or		3480 IMA	AEDIATE CAUSE (a) _ DUE TO, (OR AS A CONSEQUENCE OF						
	nat the y the y the emat		Canditions, if ony, which go rise to immediate cause ((a), ((b)_	PROGRESSIVE OR AS A CONSEQUENCE OF		LOSSOPHARYNO	GEAL PAR	LYSIS	severa	1 monti
	d b	100	stating the underlying car lost.	030	AMYTROPHIC		SCLEROSTS			2-3 у	rs.+
0	equires that the physician. signed by the control transit purial-transit purial, cremation		PART 2. OTHER SIGNIFICANT					CONDITION GIVEN	N PART 1(a)	18-23	
N		CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY? YES NO	CAUCEE	ES, WERE FINDING OF DEATH?	GS CONSIDERED IN CER	TIFYING
.,)	PHYSICIAN: The e haspital ar atte his certificate has tacked far use a Dept. of Health pr	MEDICAL CER	21o. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.			NJURY OCCURRED (Ente	er noture of injury	in Port 1 or Port	1 2, Item 18.)	
	G PHYSIC the haspi this certi detached te Dept. or	WEL	21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJUI	RY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOC	ATION Street or R.F.D. No		r Town	Caunty	Stote
	O HOSPITAL OR ATTENDING Roge 4 may be retained by th 5 FUNERAL DIRECTOR: After th director, page 3 should be de should be filed with the State		22a. I certify that (i) saw the decease causes stated also	(this haspital) dalive an 5 1	attended the decease une id) (didnot) view the	sed fram 1969_, and	1935 , 19_ that in (my) (557)Cop eath.	, ta <u>5</u> inian death ac	June , curred an the	19 <u>69</u> , that e date and haur a	l) (Wa F last nd fram the
•	OR ATTENDING be retained by DIRECTOR: After 10 3 shauld be 10 4 with the State		22b. SIGNATURE	Baws	ml.	M. DDEGREE	ATTENDING PHYS.	MED.	STAFF PHYS.	22c. DATE SIGNED 5 June, 1	
	SPITAL 4 may IERAL I ar, pag d be fil	,	22d. PHYSICIAN'S NAME (Type) Wim.	H. Lawso	n, Jr., M.I).	Box 54, RD	#2, Syke	sville,	Md. 2178	14
	Page 4 may by FUNERAL Differentary page alrector, page should be file	230	BURIAL, CREMATION, REMOVAL (Specify)	6-9-6	9 23c. NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION		(Caunty)	(State)
	VR A15 (4) 30M REV. 1758	24.	FUNERAL DIRECTOR	Haight	LINGON	ille 1	DATUN	BY REGISTRAR		AR'S SIGNATURE	5-11

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	/ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
	FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08476
1	HEALTH DEPT.	1, D	ECEASED-NAME First Middle DRIBAL 20. DATE KNOWN Month D	2b. HOUR
	PM3. Page	3. \$	Aprile Co. 6-30 - 7 lost birthday) MONTHS DAYS HOURS MIN Mapth Day	Year 1064 273 W
	1, 2, rm Pl	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTRY OF DEATH WIDOWED DIVORCED 9. COUNTRY OF DEATH WIDOWED DIVORCED 120 MENTAL OF DEATH WITH OF DEATH LIN NAME OF HOSPITAL OR INSTITUTION (If not in bospital 122 MENTAL OF DEATH)	inte un
	Page with with	10. C	TI. MAINE OF HOSPINE OK INSTITUTION (II HOT IN HOSPING) 120. USUAL OCCUPATION (KING OF WORK GOILE 112	2b. KIND OF BUSINESS OR NDUSTRY AK LOOM Cloth
	after 8. Giv alang with death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN dmission) STATE Md. 13b. COUNTY Balto. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO 1511 Northgate E	3
	24 hours in tem 18 tem		ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	hin 24 ncil in niner's pages hours			
			WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (if yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 218-03-8028 Marie Primus, wife, above	
	ed wit in pe il Exan I. File t. File		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	executed nding" in Medical E permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CONDUCTY Ortery OCC/451012	lystant
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	vard " vard " ne Chie al-tran any e		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1047
1	should be e ne ward "per a the Chief I burial-transit I in any even		lost. (c)	
1/1	cate the tight of	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
		CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	be est	ERTIF	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
	# 7 9	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	1 10.7
	(AMINER: e the cert e 4 shoul our files. age 3 shau	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
	XAM ute th uge 4 your Your Page	N	AT WORK AT WORK	1-110-24-6
	DICAL EXAMINER: se execute the cert ectar. Page 4 should ned for your files. tECTOR: Page 3 shou burial, crematian,	13	22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry 🔀	and in my apinian
	please of directare retained or to bu		deoth resulted from: Natural causes Accident , Suicide , Homicide , Undétermined monner	
			ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	GNED
	Sary Sary be KERA		EXAMINER'S - DEPUTY MEDICAL EXAMINER & JETT	13,1969
	o DEPUTY necessary, if the funeral 5 may be r 0 FUNERAL Health prid	-	NAME (Type) / hemas / Herbert, M.D. ADDRESS(Street, city, town, or county)	
	5 = = 5 =	230 R	RFMOVAL (Specify)	County) (Stote)
	MI		wrial 6/17/69 Bohemian National Cemetery Balto. Md. FUNERAL DIRECTOR ADDRESS 2.4 250. RECTO BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
	VR A15ME (5)	2	chimunet Funeral Home, 3731 Porhangle 2018 DATE	0
				Vacada



MARYLAND STATE DEPARTMENT OF HEALTH 08483 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08477 CERTIFICATE OF DEATH First Middle Lost 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME after deoth (Type or print) 3. SEX 4. RACE DATE OF BIRTH IE UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years MONTHS : DAYS HOURS last b requires that the deoth certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED M NEVER MARRIED country) .⊆ WIDOWED DIVORCED [filled hin 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR ALL YIEW ESTATES 64 9 ANHE 130. USUAL RESIDENCE (Where deceased lived), if institution: Residence before working life, even if retired.) kompletely fi **INDUSTRY** event, wit 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY and in ony eve 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Middle Last physician and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (es, po-or-unknown) burial, cremation, ar removol, attending physical Then F 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSE AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF sure Caremana Canditians, if any, which gove: burial-tronsit rise to immediate couse (a). à DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health prior to b hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached for the Dept. of 1 P.M. (If either, natify medical examiner) be detached State Dept. of (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this bospital) attended the deceased for saw the deceased glive on 19 = 1, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on___ director, page 3 should should be filed with the t) view the body ofter death. causes stated abave, (1) (we) (did) (did n DATE SIGNED ATTENDING STAFF • DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN' 230. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 DMONDSON AVE DATE



1 >	1 00%	DIVISION	MARY OF VITAL RECO	CLAND STATE	DEPARTMENT RESTON STREET, I	OF HEALTH	RYLAND 21201		
FOR STATE	0040	34	MEDICAL	EXAMINE	R'S CERTIFICA	TE OF DEAT			8478
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First CHARI	ES	Middle L •	STC	ver VER	2a. DATE KNOWN OF ESTI- DEATH MATED	Manth Day 6-15	Year 2b. HOUR
deloy is and 3 to Poge	3. SEX Male	4. RACE White	S. DATE OF BIRTH	last			RS. 2c. DATE PRONOUN	ICED DEAD	Year 19 69 2d. HOUR 5:30
in 2.	70. BIRTHPLACE (St		CITIZEN OF WHAT C	0UNTRY?	YRS. B. MARRIED EVE	R MARRIED 9.	COUNTY OF DEATH	13,	19 69 3 · A'M
r death yee Pages 1, g with form the Stote D	10. CITY OR TOWN	OF DEATH mpsonville	11. NAME	oddrace)	STITUTION (If not in hos	spital 12a. USUA	HOWA L OCCUPATION (Kind of est of working life, even	wark done 12b.	KIND OF BUSINESS OR JSTRY
Ster allow	13a. USUAL RESIDE admission) STA	NCE (Where deceased	lived, if institution 13b. COUNTY	Residence befare	13c. CITY OR TOWN Ellicott	13d. INSIDE CITY LIMITS		UMBER 1en Cour	t
Office offer	14. FATHER'S NAME	First KIED	Middle L . St	OVER		MAIDEN NAME F		Middle	Lost
within 24 n pencil in Examiner's File pages 1 72 hours	160. WAS DECEASED (Yes, na, ar unkn	own) (If yes give wo		SOCIAL SECURITY N			STOVE	ARICE	
xecuted wit nding" in pe Medicol Exar permit. File nt within 72		OF DEATH (Enter only	one cause per line fo			iniumi aa	7 0 1 0 41		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in hief Medicol E onsit permit. F	Conditions, i	immediate	DUE TO, OR AS	A CONSEQUENCE OF	ple blunt	injuries			
should be en word "per o the Chief buriol-tronsit in ony ever	rise ta immi	ediate cause (a), underlying cause	DUE TO, OR AS	A CONSEQUENCE OF					
ficate shaining the valued to the os o buri	_	R SIGNIFICANT CONDITI	(c)ONS CONTRIBUTING 1	O DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)	
certi writ orwo used movo	190. DATE OF	OPERATION	19b	CONDITION FOR W WAS PERFORMED?					20. AUTOPSY? YES ▼ NO □
Third iffice at the beautiful to the bea	21a. EXTERNA PRIMARY X CAUSE OF DE	OR CONTRIBUTING	21b. TIME OF INJU HOUR A.M. 4:50 xxxx	RY Month, Day, Year	21c. HOW INJUI	RY OCCURRED (Enter of	noture of injury in Port	or Part 2, Item 18	
MIN the 4 sh ur fill emat	21d. INJURY (OCCURRED 21e. PL	ACE OF INJURY (At hory, affice building, et highway	ome, farm, street, c.)		street or R.F.D. No.	City or Town Simpsonvi	Co	ounty Stote
Par	22a.	I certify that I too	k charge af the r	emains describe	d above, held a <u>n</u>	Autapsy X,	Inspection,	Inquiry	ond in my opinion
D 5 5 5 5	d eath ACTUAL	resulted fram:	Natural causes	Acciden	XI, Suicide L	, Homicide [CHIEF MEDICAL EXA	MINER		
7 . 5 . 7	SIGNATURE EXAMINER'S		s S. Spri	ingate, M	1.D. M.D.	ASSISTANT MEDICAL DEPUTY MEDICAL EX	(AMINER	June 1	
TO DEPUT necessory the funer 5 may be TO FUNER Health p	23a. BURIAL, CREA	ATION, 23b. D	ATE	23c. NAME OF	CEMETERY OR CREMATO	ADDRESS(Street, city	y, town, or county) 23d. LOCATION (City or	Town) (Cau	unty) (State)
R	24. FUNERAL DIRE	6	17/69	1701 D ADDRE	SELAND 55 7200	2Sa. REC'D BY		REGISTRAR'S SIGNA	PALT OF MID
VR A15ME (5)	Re T	redere	k 9.	(00)L	HAR FORD	PAREJUN	2 3 1969	geliante	Judge

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